

## AFFIDAVIT OF EDUCATIONAL REQUIREMENTS

I, the undersigned, on oath depose and say that \_\_\_\_\_  
(Name of student or trainee)

of \_\_\_\_\_ attended the courses of \_\_\_\_\_  
(address) (School or

\_\_\_\_\_ from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
Company name)

and has successfully completed courses approved by the New Hampshire Insurance Department in the following lines:

\_\_\_\_\_  
(Life, Accident & Health, Property & Casualty)

Signed \_\_\_\_\_

\_\_\_\_\_  
(Official title as school or company official)

State \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

## AFFIDAVIT OF EXPERIENCE AND EMPLOYMENT

(To be completed by someone other than applicant)

I, the undersigned, on oath depose and say that I am a licensed (agent) (broker) or representative of \_\_\_\_\_  
(Name of

\_\_\_\_\_, that for the period of time beginning \_\_\_\_\_ 19 \_\_\_\_\_ and ending \_\_\_\_\_ 19 \_\_\_\_\_  
Company)

\_\_\_\_\_  
(Name of employee)

of \_\_\_\_\_

\_\_\_\_\_  
(Address)

was employed on a substantially full time basis by (me) (my firm) at \_\_\_\_\_, that he was trained in the following

lines of insurance \_\_\_\_\_ and satisfactorily performed the following duties:  
(Life, Accident & Health, Property & Casualty)

Signed \_\_\_\_\_

Firm or Agency Name \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_